PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (277)

# CERTIFICATE OF DEATH

Reg. Dist. No...

1 1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(4)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Slave Styly and County
	(If outside city or town limits, write RURAL and give nearest town)
Row long in above place of death?	100 1 m/+ 10.
508 W. Bel air ave	Sireel No. (1f rurat, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (g) FULL NAME	3. (b) Social Security Number
Archibald Wedander an	derson 71607-9798
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While bedained	20. DATE DF DEATH Sure 15 1945 at 632
6.(b) Name of Ausband or wife I do Marfule	21. I CERTIFY that death occurred on the date above stated; that I alterded deceased from
ma . 1 14 1840-	1944 to Shee 15 1845
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) May 13, 18 1	Immediate cause of death DURATION
8. AGE: Years Mooths Bays If less than one day	Opeland Smbolum - 10ag
73 /hrsml	
9. Birthplace Prince town, county, and state)	Bue to Cerelial hemorrhoge I week
(Town, county, and state)	
1B. Usual occupation And And And And And And And And And An	9 Due to Malignant Wypertenius 10 yrs
11. Industry or business	
12 Name Leonard Underson	Other conditions Chance orderedited nephritis 104
12. Name Diame Chineston D. J.	
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations
16. Maiden name Marialle Thints  15. Birthplace Rivelton D. Ja.	Date of op.
My of U Dodovid P	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
Address JOS TO. Del ULO UVE	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Cereoval Date thereof July 18 194	
(Burial, cremation, or removal. Which?)	Mediatria antarasi at transfer and an antarasi at transfer and an analysis analysis and an analysis and an analysis and an analysis and an analysis analysis and an analysis and an analysis and an analysis a
Cemetery or crematory MMLLC	Where did Injury occur?
Location Trusce Tours	Injured at home, farm, industry, public place (where?)
18. Funeral director Themas of Maring & Some	J. Means of injury lojured at work?
Address I berdelse had	- Frue Usehart Stal
1 2 2 4	23. SIGNATURE
19. June 19.43 Miller Registr	address / Luc do mee levate signed live!

JUL 7 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

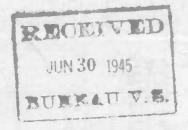
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 130

## CERTIFICATE OF DEATH

Rev. Dist. No. 180

County County	(Ear newborn infants give residence of mother)
City or town alongson	State Maryland County South
(If cutside city or town limits, write RURAL and give nearest town)	City or town about
How long In above place of death?	(If outside city or town) limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or instillution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Comptell Bargas	
4. Sez 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white Widowed	20. DATE DE DEATH. June 25 19.45 at 7:30 A. M
6,(b) Name of husband or wife A title Bargan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e (a) 14 allive eline en	1919
7. Birth daie of deceased (mo., day, yr.) 740 1 1862	and that I last saw h sao alive on J une 24 19.86
8. AGE: Years   Months   Bays   It less than one day	Immediate cause of death
82 7 24hrsmln.	fernins anemia 9 yr
9. Birthplace Baltimon md (Town, county, and state)	Due to
(Br. va. v B. oday)	
1B. Usual occupation.	Due to
11. Industry or business	
12. Hame Heury Bargar	Dther conditions.
13. Birthplace Ballturore and	(Include pregnancy within 8 months of death)
14. Maiden name Elizabeth and deson	
ON 15 Birthniana Poa a ga d	Major findings of operations.
Irath.: Masse	Bate of op
18. Intermant	Autopsy results
Address abugdy hid	
17 Servil Bate thereof June 28 1948	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or respoyal, Which?)  Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Abugara Mulholist	Where did injury eccur?
Location Obughos Marylugal	Injured et home, tarm, industry, public place (where?)
18. Funeral director Atward C. Me Corus toon	Means of Injury Injured et work?
Address abundon md	her o Hodong m.a
19. Jun 28 19 45 Macu M. Mouled	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



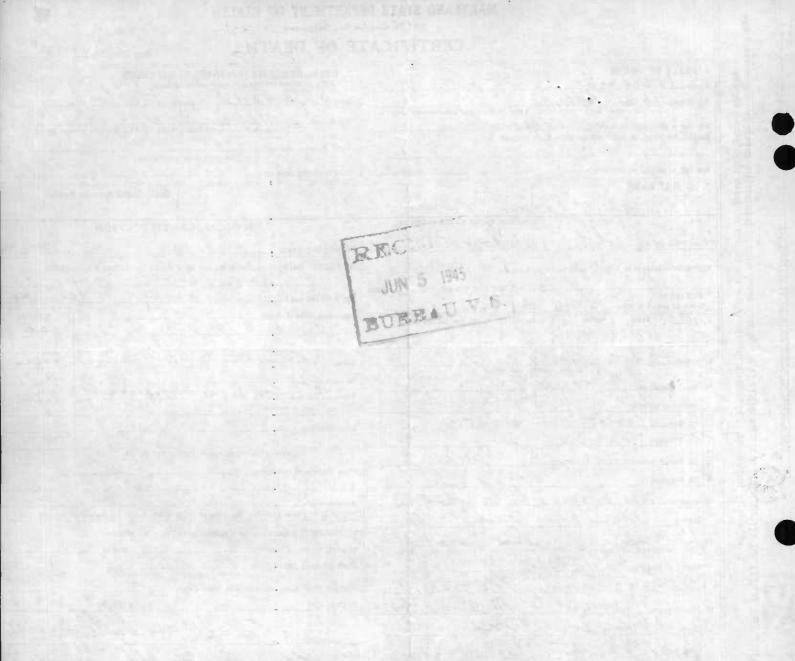
VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
	DAKEL	THE PART OF THE PARTY OF THE PA	VI.	HLALI

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

OBKITI ICA	Reg. Dist. No. / 00
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  City or town  (If outside city or town/limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
Margaret Ellen Barr	3. (b) Social Security Number
4. Sex   5. Color or race   5. (a) Single, married, widowed, or divorced   Flence   White   Widowed   6. (b) Name of husband or wife. William   E. S.   Barry    1. Birth date of   S. (c) If alive, give age   years    1. Birth date of   deceased (mo., day, yr.)   May   H   8 75    8. AGE: Years   Months   Bays   If less than one day    11. Industry or business   Marriad   Marriad   Marriad    12. Name   Marriad   Marriad   Marriad    13. Birthplace   Marriad   Marriad   Marriad    14. Maiden name   Marriad   C. Price    14. Maiden name   Marriad   C. Price	and that I last saw hat alive on 19 19 19 19 19 Immediate cause of death DURATION Graff of Court of Section 19 Chr.
14. Malden name. Maray R. Price  15. Stribplace  16. Informant Mrs. Florence B. Wighton  Address Advisor Ml  17. Burish (Burlal, cremation, or removal, Which?)  Cemetery or cregatory. Dethel	Major findings of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.  Date of  Where did injury occur?  (City or town) (County) (State)
18. Funeral director Atoward IT, Me Consumbly Address Chuydon nd  19. June 3 19.45 Naie W. March	Injured et home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other
(pate rec'd by registrar) 19 Registrar	Address Clear blook of Date stanged for 1



1. PLACE OF DEATH:

The correct

information carefully. The coof death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157.6)

2. USUAL RESIDENCE (HOME

2.(a) if veteran, name war.....

20. DATE OF DEATH.....

21. I CERTIFY that death occurred on the date

end that I last saw her alive on ...

(For newborn infants give residence

MEDICAL

## CERTIFICATE OF DEATH

66109	
Reg. Dist. No	185-
OF DECEASED: of mother) County County Write RURAL and give nea	rest town)
3. (b) Social Security	Number
CERTIFICATION	
ecc 16 1945	3 A
above stated: that I ettended deces	ased from
19 45 to June	19 4
men ovale	DURATION

low long in above place of death?
Havide Grace 11.0#
ow long in hospital or institution?
G. (a) FULL NAME for tence here Bish
Limite Black   6.(11) Single, married, wildowed, or divorced   Single
. (b) Name of husband or wife
3. AGE: Years Months Days If less than one day
B. Usual occupation.
1. Industry or business
12. Name Deshab  13. Birthplace
14. Maiden name Sarah Dona 15. Birthplace
Address Hurrede Gray Mid.
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)
Cemetery or crematery
Location Varford To
18. Funeral director

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Registrar

Means of Injury

Accident, suicide, or homicide..... Where did injury occur? .....(City or town)

Major findings of operations.....

Injured at work?

Injured at home, farm, Industry, public place (where?) .....

23. SIGNATURE Address.

(Include pregnancy within 8 months of death)

PLAINLY

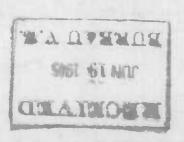
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PLEASE

(Date rec'd by registrar)

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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

# 2411 N. Charles St., Baltimore

13	12	4	4	4
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Reg.	D: .	NI.	1	95	-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary County Narfel
City or town (If outside city or town limits, write RURAL and give nearest town)	City or love aber deen the
How long in above place of death?	(If ontside city or town limits, write EURAL and give nearest town)
Hospital, Ipstitution, or etreet address where death occurred:	Street No. 200 Mill Latter (Il roral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Daby Gerl Bloom	field -
4. Sex 5. Color offace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W .	20. DATE DE DEATH 6-6 1945 a7:43 PM
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	6.5 19.45 to 6.6 19.45
7. Birth date of	and that I last saw AX alive on 19.5.
8. AGE: Years Monthe Days If less than one day	Immediate cause of death
1	Flourist C) william of F
a sichalaces Naure del Grace Naufad	ODue to.
9. Birthplace. (Town, county, and state)	Otto (c.
10. Usual occupation.	Due to.
11. Industry or business	
12. Name I runia M. Bloomfield	Dither conditions
12. Name 1 run M. Bloomfield  13. Birthplace Canada	(Include pregnancy within 3 months of death)
14. Maiden name Buth' Okner	
14. Maiden name. Fuck O Kener  15. Birthplace Checa go Ill	Major findings of operations.
(C.TA) BO Dies (Mot A	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 06 (yeard wise of Wirdeln	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Baie thereof (mooth) (My) (year)	Accident, suicide, or homicide
Cemetery or cremotory Augel Zhell	Where did injury occur?
Location Navrede Grace Mod.	Injured at home, farm, industry, public place (where?)
1. Madisan Mitchell	Means of injury injured at work?
18. Funeral director.	00 0012
Address I Favored State, void,	23. SIGNATURE M. D. for other
(Deta reed by recision) 19 45 A. L. Lewis H. B.	sidences have be grace he pair signed by



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 550 VV

#### CERTIFICATE OF DEATH

Reg. Dist. No. /8

06111

	Reg. Dist. No
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (I-TO-ME) OF DECEASED: (For newborn infants give residence of mother) State
a / \ muz ware	
3. (a) FULL NAME  A. Sex   5. Color or race /   6. (a) Single, married, widowed, or dispressed	e Bowser 3. (b) Social Security Number
Male Colored Married, widowed, or divorced Market	MEDICAL CERTIFICATION  20. DATE DF DEATH June 27 19 45 of 44 M
B.(6) Name of husband-or wife. Tellen Johnson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Tracely 2 1883	and that I last saw halive on
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death Carcinoma thyroid 6 mo.
9. Birthplace	Due to.
10. Usual occupation. A Olivabella Maria State of State o	Due to
12. Name Joseful Bowset	Dther conditions
14. Maiden name. Lenelia Clark  15. Birthplace Maryland	(Include pregnancy within 8 months of death)  Major fiedings of operations
18. Informant Mes Helen J. Bowser	Autopsy results
Address Perximali ma	PHYSICIAN: Please uoderline the cause to which death shoold be charged statistically.
17. Burial, eremation, or remayal. Which?), Date thereof. July 29 1943 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Carrie Ober Accept	Where did injury occur?
Location Location	Injured at home, tarm, Industry, public place (where?)  Means ot injury  Injured at work?
Addrese A RON THERE AND A	Levalel C. Palmer M.D.
19. Mars 29 1945 Mellie H Rile	23. SIGNATURE The Hard County M. D. or other

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JUL 7 1945

BUREAU V.S.

2411 N. Charles St., Baltimore Bran

# CERTIFICATE OF DEATH

*	0
Reg. Dist.	No. 185

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State 272 d County
City or town. The de de FAGE Md. (If outside city or fown limits, write RURAL and give nearest town)	To la had
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
Harfard Mewared Haspelul	(If rural, give LOCATION)
How long is hospital or Institution? Odn may 24, 1945	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jamuel Buckkham	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Single	20. DATE OF DEATH JUNE 18 19 1 7 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) If all you care you	may 26 18 45, 10 June 19 18 45
7. Birth date of	and that I last saw h. And alive on Asses 18 19 VS-
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years   Months   Days   If less than one day	Condina It Charlemation
(?) 60hrsmin.	
1/11/10/5-1	
9. Birthplace Man for Co. (Town, county, and state)	Due a file of the state of the
to. Usual occupation. Laborer	Due M. C. L. Const. Con
ft, Industry or business	- James
12 Name Robert Buckham	Other conditions
	(Include pregnancy within 8 months of death)
E 14. Malden name matilda mathews	Major findings of operations
t4. Maiden name matilda mathems  15. Birthplace Harford Co. md	
1/ : - 0	Date of op.
t8. Informant Masket at Research	Autopsy results
Address Steels and I Szace, the -	PHISICIAM: Please adderine the cause to waite death should be coarged statistically.
6/20/45-	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Dale thereof (pointh) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location las Udelater 1/1d-	injured at home, farm, industry, public place (where?)
The lead of Min	Means of injury Injured at work?
16. Funeral director.	(11)/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
Address New Osel Cin Md.	WYOUK WILLIAM
Crand 19 110 C. I'l faring m. A.	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar	Address 199 My Date signed 6 - 7-12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JUN 21 1945

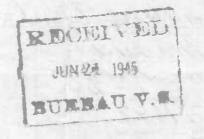
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2411 N. Charles St., Baltimore (BRO)

# CERTIFICATE OF DEATH

\* 195-

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County  City or tops (if outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or step address where teath occurred:  Row long in hospital or institution?  3. (a) FULL NAME  Authorn Neurry But	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  (If outside city or bown limits write resident, and give respect town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war  (Surface)  3. (b) Social Security Number  79-10-7936
4. Set 5. Color or race 6.(a) Single, married, widowed, of divorced  Hale Black Married  6.(b) Name of husband or wife Frances Moselle	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Moths Days If less than one day hrs. min.  9. Birthplace (Toyo, county, and state)  10. Usual occupation.	and that I last saw beare, alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
12. Name Story Surface  13. Birthplace  14. Malden name Tunkuseur  15. Birthplace	Other conditions
18. Informant Mo. Trances Burlarke  18. Informant Mo. Trances Burlarke  Address 5 5 4 Revolution St. Isleb. May  17. Our al  (Burial, cremation, or removal. Which?)  Date thereof (pronth) (fay) (year)	Autopsy results
Location Varyord & M. M. Location Varyord & M. M. Adven Mitchell  18. Funeral director M. adven Mitchell  Address Awred Grace Mid.  19. Hour 9 19 45 - 1. L. Lewis M. A. Mater rectify by registrary  Registrary  Registrary	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE Address. M. D. or other  Address. Date signed



PLEASE WRITE

VS A15

#### .

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

# CERTIFICATE OF DEATH

06114 Reg. Dist. No. 185-

1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Havre de Grace, Md.	state Maryland county Harford
(If ontside city or town limits, write RURAL and give nearest	City or town Forest Hill (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution or street address where death occurred: Harford Memorial Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nathan R. Carter	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divor	medical certification
Male   White   Widowed	20. DATE OF DEATH June 24 1945, 215:15P
A (I) Ware of broad or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Quine 22 19 95 June 34, 1948
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) November 3, 1867  8. AGE: Yeare   Months   Daye   If less than one day	Immediate cause of death
o, Rou.	Memmag E
9. Birthplace Forest Hibl Harford Co	
1D. Usual occupation	Makeulan dines se
	Due to
11. Industry or business Nathan R. Carter	
12. 16.116	Dther conditions
	(Include pregnancy within 8 months of death)
E 17. Heigel Follows	Major findings of operations.
15. Birthplace Maryland	
16. Informant Nathan R. Carter-	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Forest Hill, Md.	
17 Burial Date thereof dune 2:	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, comation or removal Which?) (month) (day)	(year)
Cemetery or crematory	Where did injury occur?
Location To Control of the Control o	Injured at home, farm, Industry, public place (where?)
18. Funeral director # 18. Ballen	Means of injury Injured et work?
Address Darlington md	4B ( - fram om D
100	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Registrar Address Chandles On A Date signed 6-24-46

JUN 28 1945
BURRAU V.A.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8300

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEA	ATH: larford			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Hariord City or lown Bel Air, Rural		***************************************	State Maryland County Harford		
City or lowa (If outside city or town limits, write RURAL and give nearest town)		IRAL and give pearest town)	State County County		
Now long in above place				City or town   Davlington, Rural (If outside city or town limits, write RURAL and give near	rest town)
Respirational institution, or	street address where t	death occorred:			
Respital, institution, or Founts	in Green	Hosp	ital	Street No. (If rural, give LOCATION)	*************************
How long in hospital or	7	day		2.(a) If veleran, name war	
			***************************************		***************************************
3. (a) FULL NAMI				3. (b) Social Security	Number
Mi	Innie D.	Cresw	ell		
4. Ses	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	12000	married	20. DATE OF DEATH JUNE 17th 1945	11.0.0
		1			
6.(b) Name of husband	or wife. Ge	orge	Creswell	21. I CERTIFY that death occurred on the date above stated; that attended decea	
		0.60	80	Tel 1 1945 to fine 1	
7. Birth date of	A 22		of alive, give age	and that I last saw her alive oo June 19	18.KS.T.
deceased (mo., day, y	t) Ha	11 20	, 20.0	Immediate cause of death	DURATION
8. AGE: Years		Days	If less than one day	CEREBRAL HEMORRHAGE	9 120
72	1	18	hrsmin.	TERMINATING AN	,
Но	rford Cou	intv.	Md.	Due to ESSENTIAL HYPERIENSIAN	-
9. Birthplace	(Town,	county, and st	ate)	Due 10	
40 % 4 41	Housey	wife			***************************************
10. Usual occopation		*****************	0.0000.0000.0000.0000.0000.0000.0000.0000	Due 10	
11. Industry or business	George Go	וומתת			***************************************
				Other conditions CHR. OSTED-ANTHRILIS	3 92
13. Birthplace	Harford	County	7, Md.		V
#	Charlotte	e Dive	ers	(Include pregnancy within 3 months of death)	
14. Maiden name	0 3	O	_ NA	Major findings of operations	
国 15. Birthplace	Harford			Date of op	
16. Informant	George C	reswe]		Actopsy results	
101111111111111111111111111111111111111	Darlingt			PHYSICIAN: Please underline the cause to which death should be charged	statistically.
			Toma 20-1045	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Buria	*****************************	Date there	01	Accident, suicide, or homicide	a.a
(Burial, cremation	or removal. Which?)	lingto	on cemetery		
Cemetery or cremato	ŊDA1	1111500	on cemetery	Where did injury eccur?	(State)
	Dar	lingto	on, Md.	Injured at home, farm, industry, public place (where?)	,
tocation Hubert P. Harkins		kins	Means of injury injured at work?		
18. Funeral director					
Address	Delta, P	a.		23. SIGNATURE Willard P. Hudson	
. 6/18 . 45 Pricella Somvod			ill tour	23. SIGNATURE M. D.	or other
19. (Date pec'd by re		v nuc	CLO VILLOVAL	Address Forest Hell Med Dale signed.	6/18/KS
(Date Sec. o by tel	Sinctar)		teckuntar	11 Addieson Date signed.	4

JUN 21 1945 JUN 21 1945

THE RESERVE TO STREET, SAME

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

06116 Reg. Dist. No. 182

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For opport in anta give residence of mother)  State
How long in hospital or institution?	2.(a) It veteran, name war
Sallie M. Danewhower	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.
6.(b) Name of husband or wife 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4. 3, to 19.4. 4  and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION  Second Augustian Tourism To
9. Birthplace Washing the Wown, county, and state)	Due to age and sedantary
1D. Usual occupation	Due to
12. Name Johnst J. Sugrt 13. Birtholace Waglington D. 6	Diher conditions
14. Maiden name Sarge a. Bryger  15. Birthplace Washing ton D. 6.	Major findings of operations
16. intermantilles adollaide grant	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6/3, Consuma Rd Delles Miles 11 Manager Miles (Burial, comation, ogropoval, Which (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
cometery or grematory Dev's Fernice Stormer	Where did injury occur?
18. Funeral directory truncal 1. Mi Country	Means of injury Injured at work?
Address abundone Md Princilla Inwood	23. SIGNATURE M. D. or other
19. (Date red d by registrar) Registrar	Address Oll Cas Med Date signed 6/16/45



#### 2411 N. Charles St., Baltimore 95-0

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0	O	1	L	6

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 77 AVRE de QEACE.  (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Nachand
How long in above place of death? 2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	City or towe
Harford Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 12 1645	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ellwood Deckman	None.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Male white Morried	20. DATE DE DEATH JUNE 29 19.45 at 12 AM
B.(b) Name of husband or wife Textie Deckmen	21. I CERTIFY that death occurred on the date above stated; that attended deceesed from
7. Birth date of	June 17 19 18 10 June 29 19 45
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
	Immediate cause of death
01.10.11	March - Loudell
64 5, 12hrsmin.	eccist way
9. Birthplace Street Narford Co, md.	Due to
(Town, county, and state)	Les ton Duckerming
1D. Usual occupation. Tapex - hadgen	Due to
11. Industry or business	Due to
	Dther conditions
Z 13. Birthplace Street, Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Many Thomas 300	Major findings of nperations
15. Birthplace Nectord Co. manyland	major maings of aperations.  Bate of op.
16. Informant Viola Deskman	Antopsy results
Address \$10 N. Stokes St. House de Grace Md.	
(	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Date thereof (points) (day) (year)	Accident, suicide, or homicide
Cemetery or cremajory Duttue Cemet.	Where did injury occur?
leastion buttier - and.	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director. J. Baully	mana or man
Address Darlington - mod	The state of the s
	23. SIGNATURE M. D. Docther
19 Mue 2 9 19 V 1 4 . 7 . hem The.	
(Date rec'd by registrar) Registrar	Address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

06118

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- 19		1	X	5	
Reg. Dist.	No.				

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Al. de Ale a Man	State Manufact County Towns
Cily or town (If outside city or town ilmits, write RUKAL and give nearest town)	City or town there are the second
How long in above place of death?	City or town
Al Trans Villa	(If rural, give LOCATION)
How long in hospital or instillation?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dr. Mary Pagarine Che	istina Doemling
4. Sex 5. 5. 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Single	20. DATE OF DEATH. 26 19.45 at 7:20 Q M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slaled; that Lattended deceased from
	13 12 2 19 70 to Jan 3 6 19 75
7. Birth dale of deceased (mo., day, yr.)	and that I last saw in the alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 9 7hrsmin.	
B. A. Man	
9. Birthplace	Due to Constitution of the
10. Usual occupation	Due to.
11. Industry or business	Carlagan
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cathering Sutherlist  15. Birthplace Remand	
5 15. Birthplace	Major findings of operations
16. Informant Hash Releases	Autopsy results.
Address Bt. Francis Villa Itany de Gras	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buil (1/25/45-	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Buriul, cremation, or removal. Which?) Bale thereof (month) (due) (year)	Accident, suicide, or homicide
Cemetery or crematory 7 + oly Celebrate	Where did injury occur?
Location Ozaltima Md-	Injured at home, farm, industry, public place (where?)
18. Funeral director Personny ton of Row	Means of Injury Injured at work?
11 Un. m-	11/1/19
Address Have de Hace Ma.	23. SIGNATURE M.D. or other
(Date rec'd by registrar) 19 4 - A. A. Leuna M. N. Registrar	Shoten del - Vicantinos /2 Ha
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1920

06128

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State		
3. (a) FULL NAME	3.(b) Social Security Number		
Cora Mar Dolan	3.(v) Social Security Rulader		
4. Sex   5. Color perace   6.(a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth dato of depased (ma. day, yr.) Uane 7 - 1930	and that I last sew halivo on		
account (mail and )	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Electrical ours fuston		
9. Birthplace Be) AIV M & (Town, county, and state)	Due to		
10. Usual occupation. Se Hool.	Duo fo		
11. Industry or business  12. Name. William E Dolow			
	Dther conditions		
13. Birthplace /3e) Air, Md  14. Maldon name. Flora E Sheppard  15. Birthplace NC	(Include pregnancy within 8 months of death)		
15. Birtholace	Major findings of operations.		
11/m = 5)			
To internal Do	Autopsy results		
Address Fallston Md KD2	22. VIOLENCE: If doath was due to external gausos, fill in the following:		
17. Bavia Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident Date of 6118745		
cometery or crematory Mt Carmel, Mathodist	Where did injury occur? BelAir Huferl (City or town) (County) (State)		
Location EMMORTON, Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Deau Y Josto	Means of Injury Hitby liptoning Injured at work?		
Address Belair Med	Gosald C Palmer MD		
6/14 4: Bingilla formal	23. SIGNATURE M. D. or other		
19	Address BULLARY ROUND Bate signed 6 / 19 / 43		

JUN21 1945 BURBAU V.B.

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2411 N. Charles St., Baltimore 93-0

# CERTIFICATE OF DEATH

00113

Reg. Dist. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside fty or town limits, write RURAL and give nearest town)  How long in above place of death?	State County Harford  City or town (If outside city or town limits, write RURAL and give ne	
Hospital, Institution, or street address where Beath occurred:	Street No	*************************
How long in hospital or institution?	2.(a) If veteran, eame war	
3.(a) FULL NAME Elizabeth Miranda	Doxe N 3. (b) Social Security	Number
4. Sea 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH V WAR 2 6 19.45	605 M
6.(b) Name of husband or wife. Jacob A Doxen	21. I CERTIFY that death occurred on the date above stated; that I attended deci	
7. Birth date of deceased (mo., day, yr.)  Taly 27-1867	and that I last saw h. C. alive on June 20	19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death Articosclustic CV	DURATION
//hrsmin.	disease	3 42
9. 8 irthplace Hartor & Co. (Town, county, and state)	Due to	
1D. Usual occupation. Retired	Due to	*** ***********************************
11. Industry or business  12. Hame Hellen Beaument  13. Birthplace Md	Other conditions Hemiplegia	3 sears
t3. Birthplace		
14. Maiden name Mary Jane Engle 15. Birthplace Md	(Include pregnancy within 8 months of death)  Major findings of aperations	************************************
≥ 15. Birthplace	Date of op.	•••••
18. Informant Mrs Brown N. L. Kirk	Autopsy results	
Address Fallstow Bate thereof January (month) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (day) (year)  Cemelery or crematory	Accident, suicide, or homicide	
Location FOUNTAIN GULL Hactued Co. M.J.	injured at home, farm, industry, public place (where?)	
18. Funeral director Villen 9 Joslev	Means of Injury Injured at work?	-
Address Belan Md	23. SIGNATURE Leveld C Valme	1 11.
19. 6/28 (Dato yee'd by registrar) (Dato yee'd by registrar) (Dato yee'd by registrar)	Address Beld in rul.  Bate signed.	6/26/45



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Burney St. War Charles and Committee of the Committee of

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 178-4

Registrar Address.

# CERTIFICATE OF DEATH

St., Baltimore 178-4	06120
E OF DEATH	Reg. Diat. No. 180
Street No	County Co
	3.(b) Social Security Number
Barbaran .	CERTIFICATION 45-3P
21. I CERTIFY that death occurred on the date a	

1. PLACE OF DEATH: Harles	Z. USUAL
County	(For ne
City or town. (If outside city or own limits, write RURAL and size near at Lawn)	State CC
(If outside city or fewn limits, write RURAL and give nearest town)	City or town
How long In above place of death? 13 Cedar &	City of town
Hospital, Institution, or afreet address where death occurred:	Street No
1 Day	Street Mu
How long in hospital or institution?	2.(a) If vetera
3. (a) FULL NAME	-
Matel Katherine Eagle	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted	1
Fewel White Material	20 0475 05 0
- Julada (Varati, C D	20. DATE DF D
B.(6) Name of husband or wife Wall Jusque Cagle	21. I CERTIFY
8.(c) If alive, give age 25 years	***************************************
1. Birth date of	and that ! last
deceased (mo., day, yr.) ally 1 1921	Immediate car
8. AGE: Years Mooths Days If less than one day	Carl
8,3 16 1nrsmin.	
9. Birthplace Gladland Ola	
(Town, equnty, and state)	Due tn
10. Usual occupation Housewife	
	Due to
11. Industry or business	• • • • • • • • • • • • • • • • • • • •
E 12. Name alto O Me Clerry	Dther condition
13. Birthplace Lewry les ala	Diner condition
	***************************************
14. Maiden name Colla Dario Milnur 15. Birthplace Heury les Ola	
15. Birthplace Heury les Ola	Major findings
== 1 15. Birtinplace / Free Constitution of the Constitution of th	
18. Informant Capt Wade . Eagle	Antopsy result
Address Ed geword arrend not G. W fehrel	PHYSICIAN:
4 0 4 12:50	22. VIOLENCE
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	
	Accident, sulci
Cemetery or crematory Headland Mortinary	Where did injus
Location / Leasland alex	Injured at home
1 1	
18. Funeral director Atward K. M. Comustan	Means of Injury
Address Ubugdon Makesland	
	23. SIGNATUR
19. June 3 1945 //. // Neuladale	B
Pate rec'd hy registrar) Registrar	Address

and that ! last saw halive on	19
Immediate cause of death  Can bon mony loc  Delta 1000 and 1000 an	DURATION
poisoning	NAME OF TAXABLE OF TAX
Due tn.	***************************************
Due to	
Other conditions	
(Include pregnancy within 8 months of death)	
Major findings of operations	
Oate of c	p
Antopsy results	charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the followin  Accident, suicide, or homicide  Where did injury occur?	8: 6/2/45 or 6/2/45

(County)

......Date signed.

(State)

M. D. op other

(City or town)

NEAR SO, THE CHARGE STATE OF LIVERS

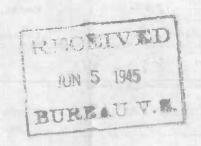
JUN 5 1945
BUREAU V.M.

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

43	124	07	· ov ·
Reg.	Dist.	No.	180

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County TT a G	
City or lown. (If outside city or town limits, write RURAL and give nearest town)	State Classification County County
	(If ontside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(If ontside city or town limits, write RURAL and give hearest town)
13 Cedar Sheet	Street No. (If rural, give LOCATION)
How long in hospital or institution?	V
	2.(a) If veteran, name war
3. (a) FULL NAME Wade Hampton Eagle	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Stagle, married, widower, or divorced	MEDICAL CERTIFICATION
Nale White Sengle	20. DATE OF DEATH June 2 1845 at 3P
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to
7. Birth date of () (2. 2. 2. 10 (/ (/	and that I last saw halive on
deceased (mo., day, yr.) Yell S 2 / 7 4 7  8. AGE: Years / Months   Days   If less than one day	Immediate cause of death
. 0 ./	Carton monoxide
/ 4 / 0min.	forsoning -
8. Birthplace Headland aletrama Henry to	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name Wade P. Eagle	Dther conditions
	(Incinde pregnancy within 3 months of death)
14. Malden name Make 15. Milner  15. Birthplace Alabama	Major findings of operations.
Lorent Wale P. Sale	Bate of op.
16. Interment Capt Wall V. Cagle	Autopsy results.
Address Edgeword arrenal Med Co. W. School	PHYSICIAN: Please underline the cause to which death shelld be charged statistically.
(Burlal, crevation, or removal, Which?)  Bate thereof	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Gemetery or cremajory Leasland Mortustan	Where did injury occur? (City or town) (Gognty) (State)
Location Headland Clayande	Injured at home, farm, Industry, public place (where?) (3 Cashara Means of Injury flas stone on Mongar at work?
18. Funeral director Abward 11, Mc Coma You	Means of injury of an author of Injured at work?
Address Obengdon Md	Deputy Medical Examine
19. June 3 19.45 Marie M. Marela Sal (Ste rec'd by registrar)	Address Bel Ar M. D. or other Date signed 6 2 45



0	Evidence for age is shown	change	of
T and	age is shown	on	3%
NIA S	DIM M. COC	HIM 9 (	71

2411 N. Charles St., Baltimore 192

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()	D	-	6	60
60	0	nille		

M M G 9 6 HIN 2 9 1945	CERTIFICATE OF	DEATH
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Par Dist No 182

County	City or town (If rural, give LOCATION)  Street No. (If rural, give LOCATION)  2.(a) It veteran, name war.
3.(a) FULL NAME LORraine G. Edwards	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced 5. Ng/2	MEDICAL CERTIFICATION  20. DATE DF DEATH  JUNE 18 19 45 21 4 P M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day 17 -4-8-	Immediate cause of death Electrical burns That
9. Birthplace Ba A M (Town, county, and state)  10. Usual occupation. Sc / 20 / 2	Due to
11. Industry or business  12. Name G Robert Edwards  13. Birthplace N. C.	Other conditions
14. Malden name Dorsie MByrd.  15. Birthplace N. C	(Include pregnancy within 8 months of death)  Major findings of operations
18. Interment Mr G. Roburt Edwards Address Fallston	Autopsy results  PHYSICIAN: Fleese underline the cause to which death should be charged statistically.
17. Bate thereof Jan 2//45 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Mathebase 5.65	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Perry Hell Balts, Co., Md	(City or town) (County) (State)  Injured at home, farm, industry, public placa (where?)  Means of Injury 1 tylendal work?
Address Belan Much	23. SIGNATURE DEUTYWOOD OA PEXCHAPPEN M. D. or other
19. (Date roe'd by registrar) 18 43 Tuckella Toword Registrar	Address Date signed by 19/15

RECEIVED

JUN 21 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 159

#### CERTIFICATE OF DEATH

06123

-	1 1	0	-
Reg. I	Diat. No.	18	3

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County		state Maryland county Harford				
(If o	outside city or town lin	mits, write R	URAL and give nearest town)	City or town Aberdeen	nits, write RURAL and give ne	arest town)
Hospital, institution, or	streef address where o	leath occurred		Street No. 214 Ryland D	irve	
Harf	ord Memor			(If rnral, gi	ve LOCATION)	
How long in hospitat or	r Institution?	45	Minutes	2.(a) If veteran, name war		
3. (a) FULL NAM	6	y Boy	Engle		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH. June	23 19.45	12:30 PM
6.(b) Name of husband	or wife			21. I CERTIFY that death pocurred on the date s	above stated: that lattended dec	eased from
***************************************	9999999 = 0 = × 0 = 20 = × 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	B.(	e) if alive, give egeyears		9 45 to June	19 45
7. Birth date of deceased (mo., day, )	T			and that I last saw handalive on	tanit.	DURATION
8. AGE: Years		Days	It less than one day	Immediate cause of death	any .	
		****				
9. BirthplaceHa	vre de Gr	ecounty, and	HarfordCo., Md.	Due to	***************************************	***************************************
1D. Usuat occupation				Bue to		
11. Industry or busines	8					,
12. Name J	esse J. E	ngle		Dther conditions		***************************************
	Iowa			(Include pregnancy within	9 months of death)	
14. Malden name.	Clara	Ethel	Scott	Major findings of aperations		
14. Malden name.	Nort	th Car	colina	Major hadings of aperations.		
	rs. Clara	E. F	ngle-Mother	Antoney results		
			e-Aberdeen, Md	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
Address			1/24/11-	22. VIOLENCE: If death was due to external		
	n, or removal. Which?)	Date ther	(month) (day) (year)	Accident, suicide, or homicide		**************
Cemetery or cremate	ory lange	170		Where did injury occur?(City or town	n) (County)	(State)
Location 74	asse de	- 12		Injured at home, farm, industry, public ptace	(where?)	
18. Funeral director	Herry	- to	nt Row	Means of injury	injured at work?	
Addiress Addirector	me de	M	area Md.	4B 20	is tram or	(Le
Herne 2	4 U.S.	- 4	L. Leins m. S	23. SIGNATURE	and M.D	or other
(Date rec'd by re	egistrar)		Registrar	Address Church dely	20 Date signed	6-23-45

PLEASE WRITE PLAINLY, MCTY UNFADING INK. Supply every item of information carefully. The certest age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

06124

# CERTIFICATE OF DEATH

1					
Reg. Dist.	No	1	8	3	-

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nowborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME GEORGE P. FORWARD	3. (b) Social Security Number		
4. Sex 5. Color or raca 6.(2) Single, marripd, widowed, or divorced  6.(6) Name of husband or wife	MEDICAL CERTIFICATION  2D. DATE DF DEATH		
7. Birth date of deceased (mo., day, yr.) 3-30 - 1874	and that I last saw h. 1. Alive on		
8. AGE: Years Months Days If less than one day	Jumbur 2 m		
9. Birthplace	menter le andersande ot sud		
12. Name. Dallas Forward 13. Birthplaco Hartord, No.	Other conditions		
14. Malden name. Lawa Swithsow.	Major findings of operations.  Date of op.		
1B. Informant Scales	Antopsy results		
17. Burial, cremation, or romogal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory. Rock Spring  Location Harfand Co., Me	Where did injury occur?		
18. Funeral director N. Sailly Address Darlington - Md.	23. SIGNATURE Charling & Signa MD		
19 Use 13 19 4.5- 4. Lauri m. 5 Registrar	Address Have & Grace No Date signed 6:13.45		



A Company of the second

2411 N. Charles St., Baltimore 940.

CERTIFICAT	E OF DEATH Reg. Dist. No.	35
1. PLACE OF DEATH: Karford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	0
City or town (If outside city or town impies, write RURAL and give nearest town)	State County County	<b></b>
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give peares Street No. 40/ 50. Carrow (If rural, give LOCATION)	t town)
How tong in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Lesley Carver &	1 (b) Social Security Nu	mber
Male Thute Married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH	200 M
6.(b) Name of husband or wife. Noris 6. Gilson  6.(c) If alive, give age. Z. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	i trom
7. Birth date of deceased (mo., day, yr.) Jase 25 19 10	and that I fast saw have alive on Julie	19 45
8. AGE: Year Months Days It less than one dayhrsmln.	Immediate cause of death.	10 ments
9. Birthplace Variation (Town, county, and state)	Due to Missona Jaear.	1 Minth
11. Industry or business Carreing	Due to	
12. Name armest Stepel Gebeson  13. Birthplace St. Co. Ald.	Other conditions	
14. Malden name Hary 6 ligateth Nackense	(Include pregnancy within 3 months of death)  Major findings of operations.	
Mr. Davin & Gilera	Autopsy results.	
Address Navre de Grace 448-	PHYSICIAN: Please underline the cause to which death should be charged state	istically.
(Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory and a feel	Where did injury occur?	State)
Location Varford 6. 744-	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director : Maduson Mulefull	Meens of Injury Injured at work?	
Address Vavre de Grace Md,	23. SIGNATURE MUSA Included M.	()
19. 4 4 19 45 Ordinary Registrar	Address Adule a Silved Bate signed	XXL2/19

WEITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

The correct



2411 N. Charles St., Baltimore (83-7)

06129

### CERTIFICATE OF DEATH

Rog. Dist. No. 18

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)			
City or town Meral Collection	State marely and couply by fred			
(If outside city or town limits, write RURAL and give nearest town)	A Fly Lavelle			
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)			
	Sireel Mo			
How long in hospital or institution?	2.(a) If veleran, name war			
3. (a) FULL NAME	3.(b) Social Security Number			
trent & Bartman	none			
4. Sea 5. Color or rape 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male Whefe Married	20. DATE OF DEATH. Ause 15 19.45 et 5.50 PM			
6.(6) Name of husband or wife Loulie fuller	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from			
	18 29, 10 June 19,93"			
7. Birth date of deceased (mo., day, yr.) March 13-1868	and that I last saw h (1944) alive on 19.			
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Cerel & Houndage 5-day			
7> 3hrsmin.				
9. Birthpleca.	Due to as Tario o clarole ( 14 per lanery			
Cowal county, and search	dies 595			
	Due to.			
11. Industry or business				
2 12. Hame Prank & Sections  L. 13. Birthplace Securary	Dther conditions			
	(Include pregnancy within 3 months of death)			
14. Maiden name Mark Through	Major findings of operations.			
2 01 10 1	Date of op.			
	Autopsy results			
Address Chierdlen Med 12 FD	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide			
Cemetery or crematory throughouth	Where did lajury occur?			
Location Churchwille Barford Ex	Injured at home, farm, industry, public place (where?)			
18. Funeral director Savay Savaing Stones	Means of Injury Injured at work?			
Address (New Yelds)	1 ( she Horly (de)			
1 - Noll: 2/X1/2	23. SIGNATURE M. D. or other			
19. Mile Sould by registron 19. 4 3	whole I levelevely light stone 15			

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

JUL 7 1945
BUREAU V.S.

#### 2411 N. Charles St., Baltimore (R)

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	11 3

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 814 E. Coldspring Lane (12)  (If roral, give LOCATION)  2.(d) Hiveteran, name war
3. (a) FULL NAME  HOGAN, Amanda Lee Virginia Beaner  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   1.	3.(b) Social Security Number not known
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   F   C   Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 30 June 1945 at
8.(b) Name of husband or wife Charles Walter Hogan  S.(c) If alive, give age 66 years  7. Birth date of deceased (mo., day, yr.) 12 February 1911  8. AGE: Years Months 0ays If less than one day  34 4 18 hrs. min.  9. Birthplace Lovettsville Louden Virginia (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  29 June 19.45 to 30 June 19.45  and that I last saw her alive on Saturday 1140Am 30 Tune 19.45  Immediate cause of death Burns, 3rdd egree 0URATION  both arms, Chest, Face, Left 15hrs  Side Left Leg
11. Industry or business U. S. Government  12. Name Charles Henry Beaner  13. Birthplace Lovettsville, Louden, Virginia  14. Malden name Nellie Gray  15. Birthplace Lovettsville, Louden, Virginia	Other conditions Lacevation of right check 18 hrs.  Q Right Arm  (Irrelude pregnancy within 8 months of death)  Major fiadiogs of operations.
18. Informant Mother, Mrs. Nellie G. Beaner  Address  17. Button Gremotion, or removal, Which? Date thereof (month) (day) (year)  Cemetery or crematory Manual Green Gre	Autopsy results Byns. Cerebra edema, Nephres is PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Accidental Date of 29 Jone 1945 Where did injury occur? Edgeward Arsenal Md.  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?) B) dq. 563  Meens of injury white Phosphorus injured at work? 483.  23. SIGNATURE Date Who Phosphorus injured at work? 483.  Address Med Res. Lab, Edgeward Arsena M.D. or other  Address Med Res. Lab, Edgeward Arsena Man.  Oate signed

2 Transcript

#### 2411 N. Charles St., Baltimore 175-2

#### CERTIFICATE OF DEATH

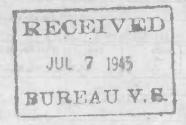
- 4			101
Rev.	Dist.	No.	181

1 DIACE OF DEA	TU.			2 HOHAL DECIDENCE (LICA	AE) OF	DECEASED.	
1. PLACE OF DEATH: County Harford			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City of the Aber	deen Provi	ng Gro	und Md. URAL and give nearest town)	state Mass . county Unknown			
(If o	utside city or town lir	nits, write R	URAL and give nearest town)	South Deen	rfiel	d	
			***************************************	City or town. South Deen	wn limits.	write RURAL and give nearest	town)
Hospitat, institution, or			ving Ground, Md.	Street No. River Road	d		
						LOCATION)	
		***************************************		2.(a) If veteran, name war	************		
3. (a) FULL NAME						3. (b) Social Security Num	ber
KUZDE	BA, PAUL					Unknown	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDIC	AL CE	RTIFICATION	
M	M		M	20. DATE OF DEATH June 26	5.	19.45 et.4	4:25 P.
6.(b) Name of husband	Emma	Jean		21. I CERTIFY that death occurred on the	e date abov	re stated; that I attended deceased t	rom
			A 14 -01	26 June			1945.
7. Birth date of			) if alive, give ageyears	and that I last saw himalive on	26 J	fune	18/45
deceased (mo., day, y				Immediate cause of death Shock,	sev	ere, second-	DURATION
8. AGE: Years	Months	Days	If tess than one day	ary to (1) Traumat	tic a	mputation of	
29	6	25	hrs,mln.	the right forearm;	(2)	Compound	
a Rirthniaca Su	nderland.	Mass		Due to fracture of th	ne ri	ght humerus;	
8. Birthplace. Sunderland, Mass (Town, county, and state)		(3) Compound, comm	ninut	ed fracture			
10. Usual occupation Laborer (soldier)		Bue to of the right 1	femur	involving			
11. Industry or business	Trucking	Compa	ny	the knee joint wit	th ex	tensive loss	
12. Name	Unknown		***************************************	Other conditions of soft ti	issue	: (4) Traumat-	
12. Name	Unknown			ic amputation of t			
	Unknown						
		***************************************	***************************************	Major findings of operations			
	Poland			***************************************		Date ot op	•••••••
16. Informant The	Surgeon			Autopsy results			
Address Sta	Hosp, Aber	deen P	roving Ground, Md	PHYSICIAN: Please underline the cau			tically.
0	0	14	1. 28 1945	22. VIOLENCE: It death was due to ex			2015
			Accident, suicide, or homicideACCI				
Cemetery or cremator	, Zeshipe	rake	y Dow	Where did injury occur? Abender	en Er	cov Grd Harford (St	(te)
Location 79 Thages St Spearlist Mass		Injured at home, farm, lodustry, public	place (wh	era?) Military Rese	rvation		
To in a Willedge None		Means of trijury Explosion	of fr	use injured at work? Yes			
18. Funeral director		17/2	n	, lusts			
Address	un con	-ton	11-016-1	23. SIGNATURE.	111	0007	
18 Me a	0 V.45	- land	Mil A. Well	F. K. NICHO	OLS	Lt. Col., M.B. or oth	Jun 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(a) and 5th fingers of the left hand; (5) Penetrating wound through the right eye with foreign body intra cranial; (6) Multiple soft tissue wounds of the chest. 1,2,3,4, 5 and 6 were incurred by the accidental explosion of a fuse of undetermined type while working in Ordnance Marehouse, Aberdeen Proving Ground, Maryland, 26 June 1945



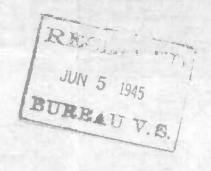
PLEASE WRITE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (II outside aty or town lights, write RURAL and give nearest town)	State
(If outside fty or town lights, write RUTAL and give nearest town)  How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  MARY F. Mary	3. (b) Social Security Number
4. Sex S. Color or roce 6.(a) Single, harried, aldowed, or divorced  FEMALE Wellowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. MAN 19 45 01 2 P M
S.(b) Name of husband or wife 15 M FT Lancaste	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h A alive on Many 24 1845
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death sarelegy Blakeley DURATION
9. Birthplace (Town, county, and state)	Due to Carennasa
10. Usual occupation Thomas Inches	Que to
11. Industry or business	oue to
12. Name 12. Name 13. Birthplafe	Other conditions
14. Maiden name Magace Mallow  15. Birthplace	(Include pregnancy within 3 months of death).  Major fiediogs of operations.  Major fiediogs of operations.
16. Interplated West Wave select	Actorsy resolts to Cutalisty
Address Fallston, Tuke.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory It Jaffee ces.	Where did injury occur? (City or town) (County) (State)
Location As Ong Trans	Injured at home, farm, Industry, public place (where?)
18. Funeral director Later Lat	Means of Injury Injured at work?
Address	23 SIGNATURE W. W. Stuling 240,
19. (Date rec'd by registrar) 1945 Privella Forward Registrar	Address Hallslin Ud Date signed 6/2/45



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death clearly

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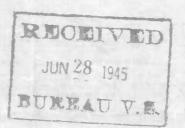
important.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

#### 1. PLACE OF DEATHS 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?...... (If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: How long in hospital or thstitution?. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION data above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: If tesa than one day 10. Usual occupation. 11. Industry or business 13. Birthotace (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Ill in the following: Accident, sulcide, or homicide..... (Burial, cremation, or removal. Which?) Where did Injury occur? .....(City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) ..... Means of Injury Injured at work? 23. SIGNATURE (Date rec'd by registrar) Registrar Address....



2411 N. Charles St., Baltimore (181)

# CERTIFICATE OF DEATH

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()	0	1	O	1

+	11	
Reg. Dist.	No	<u> </u>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: Gecil (Fog newborn infants give residence of mother)
County	Man land Statement Statement
City or town	A 1
How long in above place of death? 202 A Out of A	City or town (If outside city or town limits, write RURAL and giva nearest town)
How long in above place of death?	
Dar Dad Meneral Sop	Street No(If rural, give LOCATION)
How long in hospital or institution? 22 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elray Steele	
4. Sex 5. Color or race 6.4 Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. Married	20 DATE OF OFATH June 29 19 45 at 10 4 M
#- 0	The same of the sa
6.(6) Name of husband or wite the second of	21. I CERTIFICATE death occurred on the date above stated; that lattended decessed from
8.(c) It elive, give ageyeers	111111111111111111111111111111111111111
7. Birth date of PD 19 1966	and that I last saw h. alive on18.
deceased (mo., day, yr.) fell.  8 A.G.F. Years   Months   Days   It less than one day	Immediate cause of death
6. AUL.	
7 7  hrsmin.	
8. Birthplace Mary land	Due to I Coall vurne Might
8. Birthplace(Twwn, county, and state)	arm Roles and stre within
10. Usual occupation . Lote Current	Que to burns rully Silly
11. Industry or business	Old arm and melial
	Other chalitions And In Market State And And
12. Name College Mulls	other mailtons of the control of the
13. Birthplece Thary land	(Include pregnancy within 8 months of death)
# 14. Maiden name. J.M. O. L. M.	Major findings of operations
5 15. Birthplace Marsel Carel	
trans Starte - Shilo	4.4.
16. Interment	Antopsy results
Address Concours go ha	22. VIOLENCE: It deeth was due to externel causes, till in the tollowing:
(Baris] cremetion or removal Which?)  Bate thereof (moogh) (dev) (year)	Accident, suicide, or homicide
(Bnrial, cremation, or removal, Which?) (monfi) (dow) (year)	Where did in here coope?
Cemetery or cremetory.	
Location klubling, Ild	Injured et home, farm, industry, public piece (where?)
al a Bally	Means of Injury Injured Lwork?
18. Funeral director.	
Address Harlingtony, 120	23. SIGNATURE
Of the sould are the sould	M. D. of where
(Date rec'd by registrar)	Address Lawre as piace med . Date signed 6-30-48

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



THE TAX HE WEST STATE STATE STATE STATES

2411 N. Charles St., Baltimore (160-0)

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2411 14.	Charles St.	Dair	180-09
CERTIFI	CATE	OF	DEATH

Reg. Dist. No. 185

	=	
1. PLACE QE DEATH:  2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County HAN DUN		
Rate Be RAAL State		
City or town	****	
Line long in shore place of death?		
Hospital, Institution, or street address where death occurred:    Street No.   Stre		
The state of the s	10000	
Now long in apprilate of institution (		
3. (b) Social Security Number		
Rayu Jumps		
4. Sex 5. Color okrace 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION		
7-24 1/1/1	0	
20. DATE OF DEATH		
g (b) Name of hishard of Wife.		
c (a) the alline alone area. Years		
7. Birth date of 6-30-45" and that I last saw h. Zong. alive on 5.0 DURATE	011	
decessed (mo., day, yr.)	J.	
8. AGE:		
hrs. min.		
Due to Leggen		
9. Birthplace		
10. Usual occupation		
11. Industry or business	*********	
E 12 Hamouring		
14. Major findings of operations.  Major findings of operations.  Bate of op.		
15. Birthplace Zexas Date of op.		
16. informant		
Address # 3 Magican Vace - Welther 4 M 22, VIOLENCE: It death was due to external causes, fill in the following:		
Removal Bote thereof - 3 - 43   Leident culpide or homicide Bate of	********	
(Bnrlal, cremation, or removal, Which?)  (Bnrlal, cremation, or removal, Which?)  (Bnrlal, cremation, or removal, Which?)  (County)  (County)  (County)		
Custin Separa tojured at home, tarm, industry, public place (where?)		
Location Means of injury tojured 2t work?	_	
18. Funeral director		
Addres Havred Grace Md.		
1. 1 Com to the design to the state of the state of the sauce of the s		
19. Address Date signed D. Address Add		

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TE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cornis especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

PLEASE W



2411 N. Charles St., Baltimore 45.

## CERTIFICATE OF DEATH

and the second s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Maryland County Tarford
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? O Lout 20 yrs	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	street No. 602 Gel air ave
	(If rural, give LOCATION)
How long in hospital or institution?	
Trend P. Wycharan	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, marrfed, widowed, or divorced Male White Vingle	MEDICAL CERTIFICATION  20. DATE OF DEATH 2. A. 19.4-5 at 2. A. 18
6.(b) Name of husband or wife	21. I CERIFY that death occurred on the date above stated: that I attended deceased from 19.45
7. Birth date of S. (c) If alive, give age years	and that I last saw h. L
deceased (mo., dey, yr.)  8. A.G.E.: Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one dayhrsmin.	Canse of Otorgice
9. Birthplace Palticular City Md. (Town, county, and state)	Due to
10. Usual occopation.	Que to.
11. Industry or business Noul	300 10
12. Name Orland Wyongram	Other conditions.
2 13. Birthplace Holland.  14. Malden name Kenal Bekends  15. Birthplace Hermany	(Include pregnancy within 3 months of death)  Major findings of operations
2 15. Birthplace Hermany	
16. Informant Mus Except Hallact	Autopsy results.
address 600. Bel air ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Andress CO S COS COS COS E	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Oate thereof, (month) (day) (year)	Accident, suicide, or homicide
cemetery or or or or or or of the found of t	Where did injury occur?
Location Galtinuage and	injured at home, farm, industry, public place (where?)
J. J. Tanning Carley	Means of injury injured at work?
18. Funeral director.	11111
Address Weldell May	23. SIGNATURE TWIC- ANLANCY
19. Marc 7 19 4 5 1 Click Huley (Date rec'd by registrar) Registrar	Address above deed mo Date signed Me 7/45

RECEIVED
JUL 7 1945
RUREAU V.S.